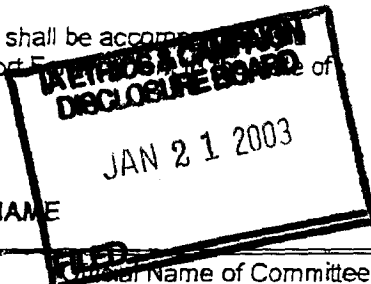


FOR INSTRUCTIONS, SEE BACK OF FORM

This form is not applicable to statutory political committees.

**Notice of Dissolution**

Every Notice of Dissolution shall be accompanied by a completed Disclosure Report of the committee of dissolution.



COMMITTEE NAME

FORM

(Rev. 02/96)

**DR-3**  
NOTICE OF  
DISSOLUTION

## For Office Use Only

Comm. # 17252  
 Indexed 31  
 Audited \_\_\_\_\_  
 Computer \_\_\_\_\_  
 Certified Date of Dissolution \_\_\_\_\_

Full Name of Committee  
Committee to Elect Don McGregor  
 Street  
4307 410th, Av.  
 City, State, Zip Code  
Swea City Iowa 50590  
 Area Telephone  
Code  
(515) 272-4426

Effective date of dissolution:

January 16, 2003

Don McGregor  
 Signature of Treasurer

January 16, 2003  
 Date Signed

**THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:**

I, the candidate, certify that my candidate committee's cash balance is zero, all debts, obligations and loans have been paid or satisfied in accordance with law as shown on my committee's final report and all campaign property and leftover funds have been distributed in accordance with my committee's last filed Statement of Organization.

Don McGregor 1-16-03  
 Signature of Candidate - Required for Candidate's Committee Date signed

**WHEN TO FILE:**

The Notice of Dissolution must be filed within thirty (30) days of the committee's dissolution, with a copy of the final bank statement attached.